- Appointment of an Accredited Social Health Activist (ASHA) for every village to facilitate accessing of health care services by the community including pregnant women;
- Operationalising Community Health Centers as First Referral Units (FRUs) and 50% of all Primary Health Centers for providing 24X7 services.
- Augmenting the availability of skilled manpower by means of different skill-based trainings such as for providing Skilled Attendance at Birth.
- Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section;
- Strengthening of District Hospitals, Community Health Centres, Primary Health Care centres and Sub-centres to provide basic essential maternal and child health care.
- Provision of 24 hours service in Primary Health Care centres and Skilled Attendance at Birth.
- Strengthening of CHCs for first referral care -Provision of Emergency Obstetric and Neonatal Care at FRUs & Training of MBBS Doctors in Life Saving Anesthetics Skills for Emergency Obstertric Care.
- Supplementary nutrition to pregnant and lactating mothers.
- National nutrition anaemia prophylaxis programme.
- Essential newborn care (care at birth – protection from hypothermia – provision of warmth, cord care - protection from infection, early initiation of breastfeeding).
- Immunisation.
- Infant and young Child Feeding (Exclusive breastfeeding for 6 months & timely introduction of complimentary feeding).
- Vitamin A supplementation.
- Iron and Folic Acid supplementation.
- Integrated Management of Neonatal and Childhood Illness (IMNCI), early detection and appropriate management of Acute Respiratory Infection (ARI), Diarrhoea and other infections among new born and under five children.

Shortage of health workers

1318. SHRI B.J. PANDA:
MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India faces extreme shortage of health workers as per WHO report;

(b) whether it is also a fact that this shortage is impairing essential life-saving interventions *i.e.* childhood immunization, safe pregnancy and delivery service for mothers and access of treatment of HIV/AIDS, etc., and;

(c) if so, what is the action plan of Government to address this issue?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The country faces acute shortage of health workers at various

levels in the Public Health delivery system. The shortages reduce the range and quality of health services available to the citizens. The Government has undertaken several steps to remedy the situation and strengthen the delivery of health services in all the States.

The Government has launched National Rural Health Mission (NRHM) on 12th April 2005 for the period 2005-2012 to provide accessible, affordable and quality health services to the poorest households in remotest rural regions of the country.

The thrust of NRHM is on establishing a fully functional, community owned, decentralized health delivery system. The NRHM seeks to compensate various gaps through sector wide approach, enhanced funding, local untied and flexible funds and overall capacity building in the health system.

Under NRHM, the community Health Worker called Accredited Social Health Activist (ASHA) has now been extended to entire country. This has substantially improved accessibility of health services for the citizens.

Human resource augmentation is a key component of the National Rural Health Mission (NRHM). NRHM includes strategies like local recruitment of human resources on contract, recruitment for specific health facilities by the Rogi Kalyan Samitis, incentives and hard area allowances, blended payments to health functionaries for difficult areas, rational transfer/posting policies etc. The capacity for pre-service and in-service trainings for critical skills has also been expanded under NRHM to address the availability and retention of key skills at health facilities. The successful implementation of NRHM has reduced the shortage of key health functionaries and improved availability of critical skills at public health facilities.

Doctor population in Assam

1319. SHRI BIRENDRA PRASAD BAISHYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the discipline-wise number of doctors in Allopathy, Homoeopathy, Ayurvedic, Unani and Yoga appointed under NRHM in Assam till August, 2008;

(b) the number of Primary Health Centres (PHC) yet to be upgraded in Assam and shortfall in total number of medical and paramedical staff against such requirement in Assam;

(c) the action taken by Governemnt to equip and staff those PHCs;

(d) whether Government have exempted appointment of Homoeopathy practitioners under NRHM in Assam;

(e) if so, the reasons therefor; and

(f) if not, the reasons for inordinate delay in their appointment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The staff including the doctors are appointed by the respective State Governments including Assam for the facilities created and upgraded under National Rural Health